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| PHILIP E. HANSEN | | ART UNIT PAPER NUMBER | २ |
| HESLIN & ROTHENBERG, 5 COLUMBIA CIRCLE | P.C. | 1705 39 | |
| ALBANY, NY 12203-5160 |) | DATE MAILE 1205 | |
| | ER INTERVIEW SUMMARY | RECORD | d |
| All participants (applicant, applicant's representative, PTO | personnel): | 07/26/94 | + |
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| (1) Nay Henry | (3) | | |
| 12) thi HANSEN | (4) | | |
| 13 Taly 1994 | | | |
| Date of interview 1 3 2 1 4 1 1 1 | | | |
| Type: Telephonic Personal (copy is given to | applicant 🔲 applicant's repres | sentative). | |
| Subibite the sum and demonstration appropriate of the State of the Sta | / No. If you brief descriptions | | |
| Exhibit shown or demonstration conducted: | ivo. If yes, brief description: | | |
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| Agreement was reached with respect to some or all of | the claims in question | not reached | |
| Agreement di was reactied with respect to some of all of | | not reached. | |
| Claims discussed: W Splittable | y 1+6 | | |
| Identification of prior art discussed: | O | | |
| identification of prior art discussed. | | | |
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| Description of the general nature of what was agreed to if a | n agreement was reached, or any o | other comments: (OP of EX Por | le. |
| Formari III la | | E. I. | |
| recione will be a | orund to | Comme C xamere | 12 |
| amendment approve | . · · · · · · · · · · · · · · · · · · · | | |
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| (A fuller description, if necessary, and a copy of the ame | endments, if available, which the | examiner agreed would render the claims allowable mu | st be |
| attached. Also, where no copy of the amendments which w | | | |
| Unless the paragraphs below have been checked to indica NOT WAIVED AND MUST INCLUDE THE SUBSTANCI last Office action has already been filed, then applicant is g | E OF THE INTERVIEW (e.g., ite | ms $1-7$ on the reverse side of this form). If a response t | o the |
| It is not necessary for applicant to provide a separate | e record of the substance of the in | terview. | |
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| requirements that may be present in the last Office | | a complete response to each of the objections, rejection ow allowable, this completed form is considered to fulfi | |
| response requirements of the last Office action. | | V (M II R) | |
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| PTOL-413 (REV. 1-84) | ′1 | Examiner's Signature | |

PTOL-413 (REV. 1-84)